

N.P.S

Application for Graduate Study

Please print or type all responses. Return to your organization representative or to the NPS MSSE office.

☐ Male ☐ Female

Social Security Number	
Last Name, First Name, Middle Name	
Birth Date	
Home Address (number and street)	
City/State/Zip	
County (if New York State)	
Country (if other than United States)	
Home Telephone (area code & number)	
Business Telephone (area code & #) extension	
Fax Telephone (area code & number)	
E-Mail Address	
If name changed, list previous name	
Business Name/Title	
Business Address (number and street)	
City/State/Zip	
Are you a U.S. citizen	<input type="checkbox"/> yes <input type="checkbox"/> no
If no, please indicate the type of visa you have	<input type="checkbox"/> Student(F) <input type="checkbox"/> Exchange <input type="checkbox"/> Visitor (J) <input type="checkbox"/> Other (please specify)
Country of Citizenship	
City and Country of Birth	

ACADEMIC STATUS

Have you previously applied to NPS?	<input type="checkbox"/> Yes (academic year) <input type="checkbox"/> No
Do you attend NPS?	<input type="checkbox"/> Yes (academic year) <input type="checkbox"/> No
Are you currently attending a college or university?	<input type="checkbox"/> Yes If yes, indicate type: <input type="checkbox"/> 4-year <input type="checkbox"/> Graduate School <input type="checkbox"/> No
Please list other colleges & universities to which you are applying	

EDUCATION

Section A (for applicants who are *currently* attending a college or university)

Please enter undergraduate and/or graduate-level courses (1) in which you are currently enrolled, and (2) which you will take before enrolling at NPS.

Name of Institution currently attending:	
Program/major:	
Credit hour system used at current institution:	<input type="checkbox"/> Semester hours <input type="checkbox"/> Quarter hours <input type="checkbox"/> Other
Calendar year:	
Quarter or Semester:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer

COURSE NUMBER	COURSE TITLE	CREDIT VALUE

Section B (All Applicants)

Please list all colleges, universities and graduate schools you have attended (including NPS):

Name of Institution	Location or Branch	Dates Attended	Credits Earned	Degree(s) Received or Expected & Date	Major Field

Section C Personal Statement (Print neatly or type double-spaced)

Please provide a personal statement addressing the following (attach additional sheets if you need more space):

1. Why you are applying to the MSSE program and what are your expectations upon graduation, both short term and long term?
 2. Why do you want to attend NPS?
 3. Describe the personal, professional, and "non-academic" qualities you will contribute to the learning environment in the MSSE program.
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Signature	
Date	

Section D Command Endorsement (To be carefully read and understood by an authorized senior representative of the applicant's organization)

Name of Applicant	
Sponsoring Organization (Company Division)	

If applicant is accepted to the NPS MSSE program, the sponsoring organization understands the obligations necessary to support a student in the program. The organization agrees to release the student from job responsibilities on class days.

It is also understood that a student will make a significant investment in time to study and be prepared for each course and that the local command has compensated the individual appropriately to carry out these requirements. Similarly, the student should understand their obligations to the organization and the course of study. I hereby endorse this individual's application for the MSSE program and wholeheartedly support my command's investment in this program and individual.

Authorized senior representative of sponsoring organization (please print or type)

Name	
Title	
Company	
Telephone & extension	
Email	
Signature	
Date	

Additional Comments:

Section D Supervisor Endorsement (To be carefully read and understood by the applicant's immediate supervisor)

If applicant is accepted to the NPS MSSE program, I understand and agree that the student will be released from job responsibilities on class days.

As this individual's supervisor, I will do everything possible within my power to maximize their participation and experience in this highly demanding and challenging program. By doing so, I realize this upfront investment in the individual's education and professional development has the potential to provide significant future benefits to my organization and the United States. I hereby endorse this individual's application for the MSSE program and wholeheartedly support my command's investment in this program and individual.

Applicant's immediate Supervisor (please print or type)

Name	
Title	
Company	
Telephone & extension	
Email	
Signature	
Date	

Additional Comments:

MSSE: Program Office
Attn: Dr. Benjamin Roberts
777 Dyer Road, Code 97
Monterey, CA 93943

To the Applicant: Fill in your name, social security number, and address. This form should be given to your chosen supervisor. For the convenience of the person completing this form, please fill in the section below by typing or printing. Have the recommender return this form to you in your self-addressed envelope, sealed, with his or her signature written across the seal.

Social Security Number	
Last Name, First Name, Middle Name	
Birth Date	
Home Address (number and street)	
City/State/Zip	
Home Telephone (area code & number)	

Under the provisions of the Family Educational Rights and Privacy Act:

- ☐ I have retained my right of access to this recommendation.
☐ I have waived my right of access to this recommendation.

To the Recommender: In the space below, continuing on reverse side of this page if needed, please comment on the applicant's aptitude for graduate study in product development. How long and in what capacity have you known this candidate? The applicant's career development, leadership ability, intellectual capacity, and character are some factors you may wish to include in your comments. Your prompt completion and return of this form to the applicant in the supplied envelope will be appreciated. Thank you.

Name (please print)	
Title	
Date	
Company/Division	
Signature	

APPLICATION SURVEY

We would appreciate it if you would return this form with your application for the MSSE degree program. Your answers will help us determine the efficient use of our resources and the effectiveness of different marketing approaches for our program.

Please check the most appropriate answers. More than one answer may apply.

1. How did you first learn about the NPS MSSE program?

- ☐ Brochure ☐ My Organization ☐ Friend ☐ Faculty ☐ Coworker ☐ NPS Alumni/Alumnus
☐ Seminar ☐ Newspaper

PD21 Student (MIT, RIT, UDM or NPS) Name:	
Other:	

2. Who is paying the cost of the program?

- ☐ My department or project ☐ My business unit ☐ Corporate level program (e.g. tuition reimbursement)
Other (please explain)
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3. Does your organization require any commitment from you in allowing you to attend the program?

- ☐ Extra time required on the job ☐ Give up vacation time.
☐ Commitment to remain with organization for specified time after completing my degree.
☐ Don't know.
☐ Other (please explain)
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4. Please mark your reason(s) for entering the program

- ☐ Desire to develop cross-functional and enterprise-wide perspective and skills.
☐ Obtain a position in product development leadership.
☐ Currently in a product development leadership position, seeking career advancement.
☐ Management's recommendation.
☐ Other
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5. Other comments you may have about how you were attracted to this program:

Name:		Date:	
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Thank you for the time filling out this form!